

Leadership Opportunities for Health Promotion in State Government

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Challenges and Opportunities States Face

- Hurricanes and pandemics.
- Globalization of our economy.
- National security threats and responses.
- 46 million uninsured U.S. citizens.

Challenges and Opportunities States Face

- Medical and information technology advances.
- Aging population and deteriorating health.
- Fragmented investment strategies at the federal, state, local, and personal levels.

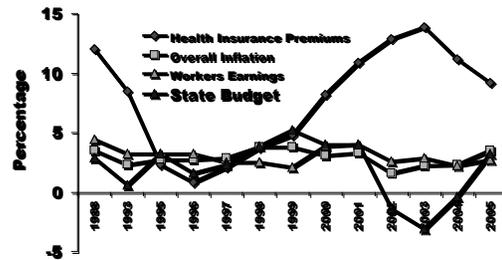
Where are states today?

- Increasing challenges for health and healthcare.
- Employer-sponsored care remains primary financing strategy in most states but coverage and benefits are eroding.
- Proportion of uninsured continues to increase (46 million U.S. citizens).

Where are states today?

- Healthcare costs (public and private) continue to exceed other growth areas.
- Uncompensated care shifted to insured.
- Safety net providers fragmented.
- Public health overwhelmed and underfunded.
- Medicaid / Medicare cost-containment questionable.

Increases in Health Insurance Premiums Compared With Other Indicators 1988–2005



Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits: 1999–2005; KPMG Survey of Employer-Sponsored Health Benefits: 1993, 1996; The Health Insurance Association of America (HIAA): 1988, 1989, 1990; Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1988–2005; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey (April to April), 1988–2005. State budget information: National Association of State Budget Officers, Fiscal Survey, December 2005.

Governors' Roles in Promoting Health

- **Legal responsibility:**
 - States have constitutional responsibility to protect health and welfare of citizens.
- **Chief Executive Officer:**
 - Shareholder (citizen), fiduciary oversight (infrastructure) and forecasting (future economy) responsibilities.

Governors' Roles in Promoting Health

- **Lead Legislative Advocate:**
 - Proposes establishment and modification of programs.
 - Proposes annual budget framework and allocation.
- **Program manager:**
 - Executive branch influences most health programs.

Governors' Roles in Promoting Health

- **State spokesperson:**
 - Bully pulpit and demanded speaker.
- **Role model:**
 - Lifestyle closely followed.

Healthy Arkansas: Goals

- **Improve the health of and productivity of individuals, families, and communities in Arkansas.**
- **Address preventable causes of illness and death among children and adults by:**
 - Reducing tobacco usage.
 - Increasing physical activity.
 - Reducing obesity.



Who is the CEO of the largest health plan in your state?

Arkansas Public School Employees / State Employees Health Insurance Plan

- **Largest state-based insurance plan (~ 120,000 employees).**
- **Major state influence in plan design, payment structure, network development.**
- **Self-insured plan with traditional benefit structure – no preventive coverage.**

Arkansas Public School Employees / State Employees Health Insurance Plan

- Aging work force with chronic illnesses.
- Escalating health insurance premiums.
- Lack of risk management strategies (\$1600/yr for smokers).
- Decisions based on annual actuarial experience – no long-term strategy.

Improving Health of Plan Members

- Governor's charge to the plan:
 - Incorporate long-term management strategy for disease prevention / health promotion.

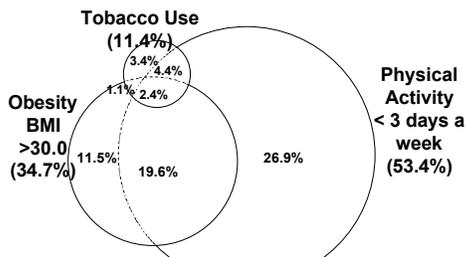
Improving Health of Plan Members

- Three phases undertaken:
 - 1) Awareness – Health risk appraisal (2004).
 - Tobacco, obesity, physical activity, seat belt use, binge drinking.

Improving Health of Plan Members

- Three phases undertaken:
 - 2) Support – New benefit incorporation (2005).
 - First dollar coverage of evidence-based clinical preventive services.
 - Tobacco cessation – Rx and counseling.
 - 3) Engagement – Healthy discounts (2006).

Health Risk Assessment (2005)



Self-report Health Risk Assessment Survey -- Fall 2005. n=46,637 (BMI n=46,599) BMI calculated from self-report height and weight

Arkansas State Health Plan: Next Steps

- 15% (\$23 million) of the \$161 million spent last year was associated with risk factors.
- Healthy discounts on insurance premiums (January 2006).
 - \$20 per adult/month for HRA completion.
 - \$20 per adult/month for no-tobacco use.

Arkansas State Health Plan: Next Steps

- Act 724 (March 2005)
 - Allows up to 3 days leave each year for employee participation and point accumulation in Healthy Employee Lifestyle Program.
- Development and incorporation of obesity reduction strategy into discount (2007).

State Employee Strategy Incorporated into Medicaid: New Waiver Requirements

- Requires implementation of cost-containment strategy in general Medicaid population.
- Proposal to incorporate HRA / risk management strategy with annual reduction in tobacco use and obesity.

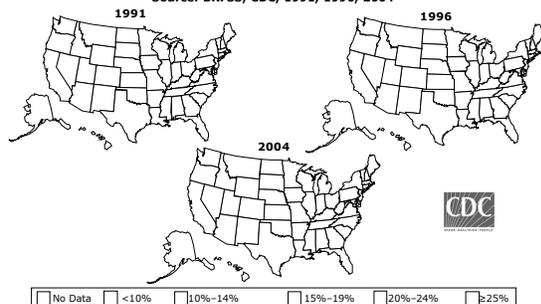
State Employee Strategy Incorporated into Medicaid: New Waiver Requirements

- Will require integration of EBD and DHHS strategies.
- Opportunity for full integration of public and private sector programs for optimal population health impact.

National Obesity Epidemic

Obesity Trends Among U.S. Adults

(*BMI ≥ 30 , or about 30 lbs overweight for 5'4" person)
Source: BRFSS, CDC, 1991, 1996, 2004

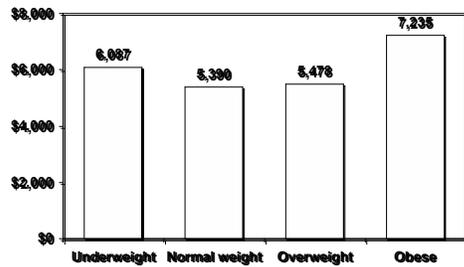


Percentage of Obese Adults, Age 20–64, U.S. Population, by Sex, 1987 & 2001



Data source: Rhoades JA, Altman BM, Cornelius LJ. Trends in Adult Obesity in the United States, 1987 and 2001: Estimates for the Noninstitutionalized Population, Age 20 to 64. Statistical Brief #37, 2004. Agency for Healthcare Research and Quality, Rockville, MD. www.meps.ahrq.gov/papers/sr37/stat37.pdf

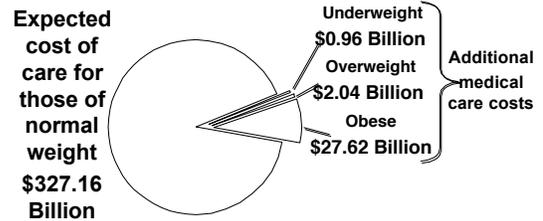
Average Cost of Medical Care for Adults (55+) by Weight



Data source: Rhoades JA. Overweight and Obese Elderly and Near Elderly in the United States, 2002: Estimates for the Noninstitutionalized Population Age 55 and Older. Statistical Brief #69. February 2005. Agency for Healthcare Research and Quality, Rockville, MD. www.meps.ahrq.gov/papers/sb69/stat69.pdf.



Potential Savings If Americans Had Normal Weight (Adults, 55+)



Arkansas's Response to the Obesity Epidemic

84th General Assembly Act 1220 of 2003

- An act to create a Child Health Advisory Committee; to coordinate statewide efforts to combat childhood obesity and related illnesses; to improve the health of the next generation of Arkansans; and for other purposes.

84th General Assembly Act 1220 of 2003

- Change the environment within which children go to school and learn health habits everyday.
- Engage the community to support parents and build a system that encourages health.
- Enhance awareness of child and adolescent obesity to mobilize resources and establish support structures.

Act 1220 Requirements

- Elimination of all vending machines in public elementary schools statewide.
- Requirement of professional education for all cafeteria workers.
- Public disclosure of "pouring contracts".

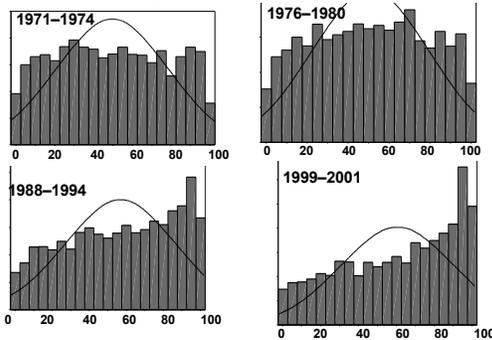
Act 1220 Requirements

- Establishment of local parent advisory committees for all schools.
- Establishment of an Arkansas Child Health Advisory Committee.
- Confidential child health report delivered annually to parents with body mass index (BMI) assessment.

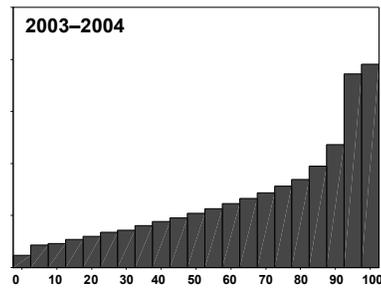
National Data Sources on Child and Adolescent Obesity

- National Health and Nutrition Examination Survey (1970–2001)
 - Source of federal estimates for childhood obesity.
 - Actual measurements of <15,000 kids.
- Youth Risk Behavior Survey
 - CDC/State survey of adolescents.
 - Self-reported data on height and weight.

BMI Normalized Percentile Histograms From NHANES



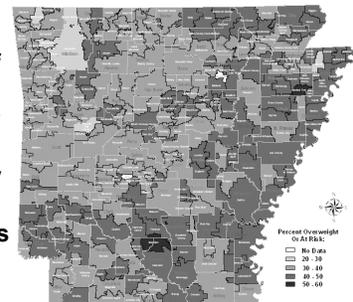
Arkansas BMI Standardized Percentiles



Arkansas Board Of Education Actions

- Vending machines restricted until 30 minutes after lunch in all schools
 - 12 ounce maximum size.
 - 50% healthy options required.
- No competitive foods in cafeterias.
- Cafeteria food service education.
- Nutrition and health curriculum changes.
- 30 minutes per day physical activity (K-12).

Percentage of students overweight or at risk for overweight by Arkansas school districts (2004–2005)



Source: ACH. The 2005 Arkansas Assessment of Childhood and Adolescent Obesity. Online State Report. Little Rock, AR: Arkansas Center for Health Improvement, September 2005. Available at www.ach.net/current_initiatives/bmi/default.asp

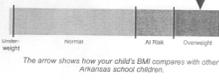
Child Health Report (2004)

Is your child's weight a health problem?

Your child was weighed and measured at Bryant Elementary School on November 17, 2003. [] was 60.5 inches tall and weighed 124.4 pounds. Based on her height and weight, [] has a Body Mass Index (BMI) of 26.4. A BMI of 26.4 for a 10-year-old girl suggests that your child may be **OVERWEIGHT** (see chart). This may be a major health problem for [].

What is a BMI?

A BMI tells if a person may be overweight or underweight. It is a screening test. Doctors use screening tests to find problems early. This may help prevent more serious problems from developing later. A healthy BMI number changes as children age and is different between girls and boys. So, it is important to measure BMI each year to see if your child is growing and developing in a healthy way.



What should you do?

Check back later on the child's growing and developing. This may help prevent more serious problems from developing later. A healthy BMI number changes as children age and is different between girls and boys. So, it is important to measure BMI each year to see if your child is growing and developing in a healthy way.

Source: Arkansas Center for Health Improvement, Little Rock, AR, 2004.

Overall Results by BMI Classification

Category	Year 1		Year 2	
Overweight	72,636	21.0%	77,351	20.8%
At risk	59,503	17.2%	63,943	17.2%
Healthy	207,491	60.0%	223,127	60.1%
Underweight	6,262	1.8%	6,946	1.9%
Total	345,892	100%	371,367	100%

Source: Arkansas Center for Health Improvement, Little Rock, AR, 2005. $\chi^2=6.3, df=3, p>.05$

Tobacco: The Smoking Gun

- ## Arkansas Tobacco Statistics and Efforts
- 1997–National Master Settlement Agreement
 - 3rd highest rate of tobacco consumption.
 - 2nd highest lung cancer death rate.
 - 20% higher age-adjusted MI death rate.
 - \$300,000 total expenditures on tobacco control and prevention.

- ## Arkansas Tobacco Statistics and Efforts
- Tobacco Settlement Proceeds Act of 2000
 - Initiated act with 65% support by people.
 - All MSA funds for new health programs.
 - Full funding of CDC recommended programs.

- ## RAND Evaluation of MSA Expenditures in Arkansas
- Biennial performance-based assessment for continued program funding.
 - Report to legislature.
 - Interim accomplishments.
 - Significant reduction in youth smoking.
 - Accelerated reduction in adult quit attempts.
 - New COPH founded with >150 students in 4 years.

RAND Evaluation of MSA Expenditures in Arkansas

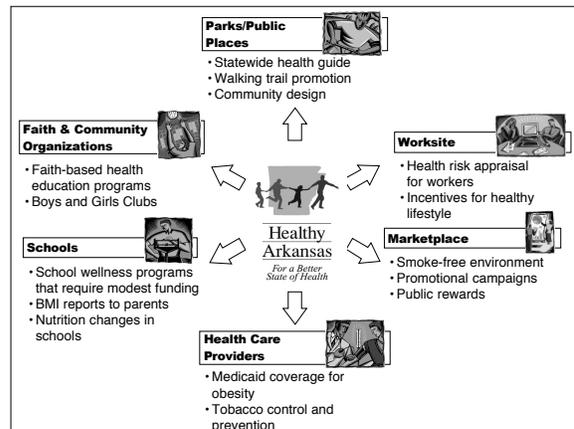
- Interim accomplishments.
 - Aging initiative leveraging philanthropic \$\$.
 - Medicaid expansion to target populations.
 - Biosciences research initiative successful.
 - Minority health initiative with targeted programs.

Continued State Leadership

- The Clean Indoor Air Act (Act 8) of the 2006 Special Session of the Arkansas General Assembly
 - Clean air protections for workers and the public.
 - Virtually all indoor air space now smoke free at places of work and places publicly accessible.

Continued State Leadership

- The Child Protection from Secondhand Smoke (Act 13)
 - Illegal to smoke in any vehicle in which child is restrained in car-seat.
 - Primary offense.
- House Bill 1047 (not passed): illegal to possess, transport, sell, or consume tobacco products in state of Arkansas.



Traditional and Non-traditional State Resources/partners in Health Improvement



Healthy America Task Force Members

- Gov. Mike Huckabee, Arkansas NGA Chair Chairman
- Gov Janet Napolitano, Arizona NGA Vice Chair
- Gov. Mark Sanford, South Carolina
- Gov. Arnold Schwarzenegger, California
- Gov. Tom Vilsack, Iowa
- Gov. Phil Bredesen, Tennessee

Call to Action by Governors

- **Challenge extended to:**
 - Promote healthy lifestyles and personal responsibility.
 - Reduce obesity.
 - Improve nutrition.
 - Increase physical activity.
- **Opportunity provided to:**
 - Share.
 - Learn.
 - Compete.

Wellness Where We Live

Healthy America Actions for Governors: Wellness Where We Live

- Educate the public about existing community resources to raise awareness of services and opportunities.
- Partner with community organizations to communicate health information and encourage healthy lifestyles.

Source: Healthy America Taskforce, *Creating Healthy States: Actions for Governors*, K. Nolan & J. Mulheon (eds.), February 2005, NGA Centers for Best Practices. Available at: www.nga.org/Files/pdf/0602CREATINGHEALTHYSTATESACTIONS.PDF (accessed 23 March 2006).

Healthy America Actions for Governors: Wellness Where We Live

- Promote civic and personal responsibility for better health.
- Improve access to healthy options in disadvantaged communities.
- Publicly share efforts by the governor's family to get and stay healthy.

Source: Healthy America Taskforce, *Creating Healthy States: Actions for Governors*, K. Nolan & J. Mulheon (eds.), February 2005, NGA Centers for Best Practices. Available at: www.nga.org/Files/pdf/0602CREATINGHEALTHYSTATESACTIONS.PDF (accessed 23 March 2006).

South Carolina's Health-e-AME Program

- Partnership between African Methodist Episcopal (AME) congregations of South Carolina, Medical University of South Carolina, and South Carolina Department of Health and Environmental Control.
- Goal to improve the health and wellness of its parishioners throughout the state.

South Carolina's Health-e-AME Program

- Target population AME congregation in SC (23% of all African American's in SC) for nutrition, weight management, and diabetes prevention.
- Currently, 400 of more than 600 AME churches participate in Health-e-AME as part of Healthy SC Challenge.

Wellness Where We Work

Healthy America Actions for Governors: Wellness Where We Work

- Implement a yearly health risk assessment for all state employees.
- Improve the “health” of state workplaces.
- Provide access to health coaching and other preventive services for state employees and retirees.

Source: Healthy America Taskforce, *Creating Healthy States: Actions for Governors*, K. Nolan & J. Mulheron (eds.), February 2005. NGA Centers for Best Practices. Available at: www.nga.org/Files/pdf/0602CREATINGHEALTHYSTATESACTIONS.PDF (accessed 23 March 2006).

Healthy America Actions for Governors: Wellness Where We Work

- Raise employer awareness of and employee participation in worksite wellness programs.
- Form coalitions and advisory groups across the public and private sectors.

Source: Healthy America Taskforce, *Creating Healthy States: Actions for Governors*, K. Nolan & J. Mulheron (eds.), February 2005. NGA Centers for Best Practices. Available at: www.nga.org/Files/pdf/0602CREATINGHEALTHYSTATESACTIONS.PDF (accessed 23 March 2006).

Arizona State Employee Awareness

- Goal to Assess and compare the health and costs of care among employees in Arizona’s state departments.
- Targets All Arizona state employees
- Reports prevalence of health care conditions and spending by department/agency.
- Engages Arizona employees in disease management and cost containment efforts.

Wellness Where We Learn

Healthy America Actions for Governors: Wellness Where We Learn

- Encourage parental engagement in student health.
- Conduct yearly assessments of individual student wellness.
- Promote regular physical activity during the school day.

Source: Healthy America Taskforce, *Creating Healthy States: Actions for Governors*, K. Nolan & J. Mulheron (eds.), February 2005. NGA Centers for Best Practices. Available at: www.nga.org/Files/pdf/0602CREATINGHEALTHYSTATESACTIONS.PDF (accessed 23 March 2006).

Healthy America Actions for Governors: Wellness Where We Learn

- Support local school districts in efforts to develop healthy food policies.
- Use local chefs and farmers to offer attractive, healthier options to students.

Source: Healthy America Taskforce, *Creating Healthy States: Actions for Governors*, K. Nolan & J. Mulheron (eds.), February 2005, NGA Centers for Best Practices. Available at: www.nga.org/Files/pdf/0602CREATINGHEALTHYSTATESACTIONS.PDF (accessed 23 March 2006).

Iowa School Cafeteria PaySchools

- Goal to encourage students and parents to discuss food choices and nutrition, establishing good eating habits that will last a lifetime.
- Pilot active in several school districts in Iowa.

Iowa School Cafeteria PaySchools

- Uses electronic payment system that enables parents to pre-approve foods students can select from cafeteria offerings
 - Parents receive paycard orientation at the beginning of the year and may choose to view and/or adjust a specific meal plan for their children.

Iowa School Cafeteria PaySchools

- Uses electronic payment system that enables parents to pre-approve foods students can select from cafeteria offerings
 - PaySchools can work with free- and reduced-price meal programs - reducing the stigma for children participating in the programs by using the same payment cards that all students use.

Healthy States Grant Program

NGA Center for Best Practices: Healthy States Grant Program

- Grants to states for improving the health of Americans.
- Phase I: Challenge grants to help states develop and implement worksite and/or community wellness programs related to Healthy America
 - Potential phase II grant program will target children.

NGA Center for Best Practices: Healthy States Grant Program

- Supported by NGA Corporate Fellows and others
 - Altria/Kraft Foods; AstraZeneca Pharmaceuticals; Aetna; Johnson & Johnson; Novo Nordisk Inc.; PepsiCo, Inc.; Pfizer, Inc. and Wal-Mart Stores, Inc.
 - General Mills and Anheuser-Busch Companies.
- RFP available at www.nga.org

Grant Info & Submission Timeline

- Approximately 14 qualified states will receive grants for up to \$100,000 for 1 year.
- Only proposals submitted by the governor will be accepted.
- Proposals must be received by noon ET on June 13, 2006 to be eligible.

Grant Info & Submission Timeline

- Timeline
 - May 1, 2006 RFP released to states
 - May 15, 2006 Bidder's conference call
 - June 13, 2006 Submission deadline for proposals
 - July 2006 Grant awards announced
 - August 2006 Grant period commences
 - February 2007 Mid-Year reports due
 - August 2007 Grant period concludes

More Information

www.arkansas.gov/ha
www.achi.net
www.nga.org